

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101552430

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	1					
6		1				
7						
8	1					
9		1				
10	1					
11		1				
12						
13		1				
14						
15	1					
16		1				
17						
18	1					
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47						
48						
49						
50						
TOTAL IND.	6		↓		↓	
TOTAL DEP.	12	←	←	←	←	↓
TOTAL CLAIMS	18	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	↓
TOTAL CLAIMS		↓	↓	↓	↓	↓